

West Virginia Department of Transportation  
**Division of Motor Vehicles**  
**Salvage Certificate/Owner Retention**



**1-800-642-9066**  
**www.dmv.wv.gov**

**Owner Information**

Name \_\_\_\_\_ Daytime Phone ( ) -

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

**Vehicle Information**

Make \_\_\_\_\_ Year  VIN No.

Style of Body \_\_\_\_\_ Weight \_\_\_\_\_ or \_\_\_\_\_ Odometer Reading \_\_\_\_\_  
PASSENGER VEHICLE TRUCKS GVW

**COMPLETE IF APPLICABLE**

- ☐ **Owner Retention / Salvage Certificate** - Please issue a salvage certificate in the name of the applicant listed above -- vehicle cannot be legally operated until the vehicle has been through the reconstructed title process and a reconstructed title has been issued by the DMV.

**INDICATE DAMAGE BY CHECKING THE APPROPRIATE BOX, OR LIST PART UNDER "OTHER".**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Front Bumper       | <input type="checkbox"/> Windshield         | <input type="checkbox"/> Rear Bumper |
| <input type="checkbox"/> Grill Assembly     | <input type="checkbox"/> Side Glass - Left  | <input type="checkbox"/> Frame       |
| <input type="checkbox"/> Hood               | <input type="checkbox"/> Side Glass - Right | <input type="checkbox"/> Suspension  |
| <input type="checkbox"/> Fender - Left      | <input type="checkbox"/> Rear Glass         | <input type="checkbox"/> Seats       |
| <input type="checkbox"/> Fender - Right     | <input type="checkbox"/> Roof Panel         | <input type="checkbox"/> Radio Unit  |
| <input type="checkbox"/> Door Front - Left  | <input type="checkbox"/> Qtr. Panel - Left  | <input type="checkbox"/> Battery     |
| <input type="checkbox"/> Door Front - Right | <input type="checkbox"/> Qtr. Panel - Right | <input type="checkbox"/> Dash Panel  |
| <input type="checkbox"/> Door Rear - Left   | <input type="checkbox"/> Deck Lid           | <input type="checkbox"/> Engine      |
| <input type="checkbox"/> Door Rear - Right  | <input type="checkbox"/> Rear Door S/W      | <input type="checkbox"/> Other →     |

Other Includes: Boats, Campers, Cycles, and misc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Company Certification**

Name of Insurance Company \_\_\_\_\_

Signature of Representative (X) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* This form must be accompanied by the owner's title and the required \$15.00 fee.**

**ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.**